Image# 14961297185 PAGE 1 / 11

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC ADDRESS (number and street) Check if different than previously reported. (ACC) Paducah Paducah Paducah Paducah Paducah	
ADDRESS (number and street) Check if different than previously Paducah Paducah RY 42003	
ADDRESS (number and street) Check if different than previously Paducah RY 42003	
ADDRESS (number and street) Check if different than previously Paducah RY 42003	
than previously Paducah KY 42003	
than previously Paducah KY 42003	
reported. (rico)	
2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲	
C C00351197 3. IS THIS REPORT X (N) OR AMENDED (A)	
(Choose One) Year Or	0 (M11) ection ly) 0 (M12)
(a) Quarterly Reports:	ection ly)
April 15 Quarterly Report (Q1) Apr 20 (M4) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 3	1 (YE)
July 15 Quarterly Report (Q2) (c) 12-Day Primary (12P) General (12G) Runoff	(12R)
Report for the: Convention (12C) Special (12S) October 15 Quarterly Report (Q3)	
January 31 Year-End Report (YE) Election on State of	
July 31 Mid-Year Report (Non-election (d) 30-Day	I (30S)
Termination Report (TER) Election on Election on State of	
5. Covering Period 05 01 2014 through 05 31 2014	
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.	
Type or Print Name of Treasurer Laxmaiah Manchikanti MD	
Signature of Treasurer Laxmaiah Manchikanti MD [Electronically Filed] Date 06 20 2014	
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C.	}437g.
Office Use Only	 (

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

01 2014 05 2014 Report Covering the Period: 05 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 337435.46 January 1, 2014 (b) Cash on Hand at 321145.75 Beginning of Reporting Period..... 115283.53 6793.10 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 327938.85 452718.99 6(a) and 6(c) for Column B)..... 10701.77 135481.91 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 317237.08 317237.08 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Report Covering the Pe	eriod: From: 05	01 2014	To: 05 31 2014
I. Rec	eipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other to (a) Individuals/Person Than Political Control (c)	ons Other		
	e Schedule A)	2419.45	96568.69
(ii) Unitemized (iii) TOTAL (add		25.00	958.67
) and (ii)▶	2444.45	97527.36
(b) Political Party C (c) Other Political C	ommittees	0.00	0.00
\		0.00	0.00
11(a)(iii), (b), an		2444.45	97527.36
12. Transfers From Affilia		0.00	0.00
13. All Loans Received	i	0.00	0.00
	ı.	0.00	200
 Loan Repayments R Offsets To Operating (Refunds, Rebates, e 	Expenditures	0.00	0.00
	37, page 5)	0.00	0.00
to Federal Candidate Political Committees.	es and Other	0.00	1000.00
 Other Federal Receiption (Dividends, Interest, 	ots etc.)	4348.65	16756.17
 Transfers from Non-F (a) Non-Federal According 			
(from Schedule	H3)	0.00	0.00
(b) Levin Funds (fror	m Schedule H5)	0.00	0.00
(c) Total Transfers (a	add 18(a) and 18(b))	0.00	0.00
 Total Receipts (add I 12, 13, 14, 15, 16, 1 	Lines 11(d), 7, and 18(c))▶	6793.10	115283.53
20. Total Federal Receip (subtract Line 18(c) f	ts from Line 19)▶	6793.10	115283.53

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1.	Operating Expenditures: (a) Allocated Federal/Non-Federal		Outonadi Todi to Bato
	Activity (from Schedule H4) (i) Federal Share	0.00	0.00
	(1)		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	701.77	7297.44
	Expenditures(c) Total Operating Expenditures	701.77	1231.44
	(add 21(a)(i), (a)(ii), and (b))▶	701.77	7297.44
	Transfers to Affiliated/Other Party		
	Committees	0.00	0.00
	Contributions to Federal Candidates/Committees and Other Political Committees	10000.00	124500.00
	Independent Expenditures	0.00	0.00
((use Schedule E)	0.00	0.00
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
	(dase deficable 1)	7	
1	Loan Repayments Made	0.00	0.00
	Ī		
	Loans Made Refunds of Contributions To:	0.00	0.00
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	man i onicai committees	0.00	
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees		
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶	0.00	0.00
(Other Disbursements	0.00	3684.47
	Fodoral Floation Activity (2.11.5.C. \$421(20))		
	Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity		
	(from Schedule H6)		
	(i) Federal Share	0.00	0.00
		0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	7 7	7 7
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
	T		
	Total Disbursements (add Lines 21(c), 22,	40704 77	405101.01
•	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	10701.77	135481.91
	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
1	from Line 31)	10701.77	135481.91

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

1 LO 1 01111 3X (11ev. 02/2003)		i age 3	
III. Net Contributions/Operating Expenditures			
3. Total Contributions (other than loans) (from Line 11(d), page 3)	2444.45	97527.36	
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00	
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2444.45	97527.36	
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	701.77	7297.44	
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
8. Net Operating Expenditures (subtract Line 37 from Line 36)	701.77	7297.44	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

ı	FOR LINE	NUMBER	: PAGE	6 OF	11
ı	(check only	/ one)			
	X 11a	11b	11c	12	
	13	14	15	16	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or	for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.					
\rangle		RVENTIONAL PAIN PHYSICIAN	PAC					
١.	Full Name (Last, First, Middle Initial) Timothy Beacham MD		Date of Receipt					
	Mailing Address 357 South Ganwyn Park Drive		05 28 _ 2014 _					
	City	State Zip Code MS 38701	Transaction ID : SA11AI.11210					
	Greenville	MS 38701	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	167.00					
	Name of Employer Premier Anesthesia	Occupation Physician	Contribution					
	Receipt For:	Aggregate Year-to-Date ▼						
	Primary General Other (specify) ▼	835.00						
3.	Full Name (Last, First, Middle Initial) Richard Epter MD		Date of Receipt					
	Mailing Address P.O. Box 211839		05 28 2014					
	City	State Zip Code GA 30917	Transaction ID : SA11AI.11209					
	Augusta FEC ID number of contributing	333.11	Amount of Each Receipt this Period					
	federal political committee.	C	500.00					
	Name of Employer Augusta Pain Center	Occupation	Contribution					
	Receipt For:	Physician Pate 7						
	Primary General	Aggregate Year-to-Date ▼						
	Other (specify) ▼	1000.00						
).	Full Name (Last, First, Middle Initial) Michael Fletcher MD		Date of Receipt					
	Mailing Address 340 Thomas More Pkwy		05 02 2014					
	City Crestview Hills	State Zip Code KY 41017	Transaction ID : SA11AI.11205					
	FEC ID number of contributing		Amount of Each Receipt this Period					
	federal political committee.	C	250.00					
	Name of Employer	Occupation	Contribution					
	Interventional Pain Specialist Receipt For:	Physician						
	Primary General	Aggregate Year-to-Date ▼						
	Other (specify) ▼	250.00						
s	UBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	917.00					
T	OTAL This Period (last page this line number o	nly)						

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE	NUM	BER:	PAGE	7	7 OF	11
(check on	ly one)					
X 11a	1	1b	11c		12	
13	14	4	15		16	17

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or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INTI	ERVENTIONAL PAIN PHYSICIAN	PAC
Full Name (Last, First, Middle Initial) Scott Glaser MD Mailing Address 4345 4th Street		Date of Receipt
Mailing Address 134 E 4th Street		05 28 2014
City Hinsdale	State Zip Code IL 60521	Transaction ID : SA11AI.11211 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	304.16
Name of Employer	Occupation	Contribution
Pain Spec.of Greater Chicago Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Physician Aggregate Year-to-Date ▼ 1520.80	
Full Name (Last, First, Middle Initial) Kendall Hansen MD Mailing Address 340 Thomas More Pkwy		Date of Receipt 05 02 2014
City Crestview Hills	State Zip Code KY 41017	Transaction ID : SA11AI.11207 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Interventional Pain Specialist	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Paul Hubbell MD		Date of Receipt
Mailing Address 236 W. Livingston Place		05 28 2014
City Metairie	State Zip Code LA 70005	Transaction ID : SA11AI.11213 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	416.67
Name of Employer	Occupation	Contribution
Southern Pain Receipt For:	Physician Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2083.31	
SUBTOTAL of Receipts This Page (optional)		970.83
TOTAL This Period (last page this line number	only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)					PAGE	8	OF	11		
	(c	he	ck only	or	ne)					
		X	11a		11b		11c	12		
			13		14		15	16	;	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or tor	r commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.				
> A		RVENTIONAL PAIN PHYSICIAN	PAC				
۱. <u>-</u>	III Name (Last, First, Middle Initial) Francis Riegler MD	Date of Receipt					
Mia Cit	ailing Address 3827 Castlerock Rd.	State Zip Code	05 28 2014				
	ເy Ialibu	CA 90265	Transaction ID : SA11AI.11214				
		30200	Amount of Each Receipt this Period				
	EC ID number of contributing deral political committee.	C	166.62				
Na	ame of Employer	Occupation	Contribution				
	niversal Pain Mgmt.	Physician					
Re	eceipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 833.25					
3. <u>S</u>	ull Name (Last, First, Middle Initial) Steven Stein MD ailing Address 17573 Middle Lake Dr.		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Cit	ty	State Zip Code	Transaction ID : SA11AI.11208				
В	oca Raton	FL 33496	Amount of Each Receipt this Period				
	EC ID number of contributing deral political committee.	С	365.00				
Na	ame of Employer	Occupation	Contribution				
Se		Physician					
Re	eceipt For:	Aggregate Year-to-Date ▼					
	Primary General Other (specify) ▼	365.00					
Fu	ıll Name (Last, First, Middle Initial)		Date of Pagaint				
М а	ailing Address		Date of Receipt				
Cit	ty	State Zip Code	Amount of Each Receipt this Period				
	EC ID number of contributing deral political committee.	C					
	ame of Employer	Occupation					
Re	eceipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼					
SUB	BTOTAL of Receipts This Page (optional)		531.62				
тот	AL This Period (last page this line number o	nly)	2419.45				

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

	F	OR	LINE	NU	MBER	:	PAGE	Ξ	9	OF	11
Use separate schedule(s) for each category of the	(0	he	ck only	or	ne)						
Detailed Summary Page			11a		11b		11c		12		
,			13		14		15		16		K 17

Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any per the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF IN	TERVENTIONAL PAIN PHYSICIAI	N PAC				
Full Name (Last, First, Middle Initial) Bantera Bank		Date of Receipt				
Mailing Address 3151 Jackson Street		05 31 2014				
City	State Zip Code	Transaction ID : SA17.11223				
Paducah	KY 42003	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	7.36				
Name of Employer	Occupation	Monthly earned interest				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 12414.88					
Full Name (Last, First, Middle Initial) Bantera Bank Mailing Address 2454 Jackson Street	·	Date of Receipt				
Mailing Address 3151 Jackson Street		05 31 2014				
City	State Zip Code	Transaction ID : SA17.11225				
Paducah	KY 42003	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	y I					
Name of Employer	Occupation	Dividends earned				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 12596.26					
Full Name (Last, First, Middle Initial) Bantera Bank		Date of Receipt				
Mailing Address 3151 Jackson Street						
City Paducah	State Zip Code KY 42003	Transaction ID : SA17.11226				
	12000	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	4159.91 Change in investment				
Name of Employer	- Change in investment					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 16756.17					
SUBTOTAL of Receipts This Page (optional)	····	4348.65				
TOTAL This Period (last page this line numb	er only)	4348.65				

S ľ

S	CHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 10 OF 11																
	EMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE										10	OI.	- ' '				
11	LIVIIZED DISBURSEIVIEN IS	for each category of the	'		21	•	22		23	Г	24	1 [25		26				
		Detailed Summary Page			27		28a	. -	28b	\vdash	28	3c	29		30b				
Ar	y information copied from such Reports and Staten	nents may not be sold or us	sed by	anv	/ pe	rso	n for th	e pu	rpose	of	solici	iting c	ontrib	ution	ıs				
or	for commercial purposes, other than using the name	ne and address of any politic	cal cor	nmi	ttee	to	solicit c	ontri	bution	s fi	rom s	such c	ommi	ttee.					
	NAME OF COMMITTEE (In Full)													_					
$ \rangle$	AMERICAN SOCIETY OF INTERV	ENTIONAL PAIN F	PHYS	SIC	ΊA	Ν	PAC												
\angle																			
	Full Name (Last, First, Middle Initial)						D - 1 -	- (D											
A.	- Bantera Bank						Date of Disbursement												
	Mailing Address 3151 Jackson Street					1	O.5			31	/		y y 2014	Y					
	g						O.C.			-			-017						
	City	State Zip Code					Tra		tian IF		CD24	D 441	24						
	Paducah	KY 42003					irai	ısac	tion ID)::	3B21	B.112	221						
	Purpose of Disbursement Payment for monthly credit card fees									_									
	Candidate Name						Amol	int o	f Each	וטו	ISDUR	semer	it this	Peri	loa				
	Candidate Name		Cate	ego ype			1.						36	4.90	5				
	Office Sought: House Disbursen	nent For:	- 1	ype		-			7										
		Primary General																	
		Other (specify) ▼																	
	State: District:																		
	Full Name (Last, First, Middle Initial)																		
B.	Bantera Bank	Date of Disbursement																	
	M. W. All												D D / Y Y Y Y						
	Mailing Address 3151 Jackson Street						05)	Li	31	4		2014	_					
	City S	State Zip Code																	
	Paducah	KY 42003					Tra	nsac	tion IE) :	SB21	IB.112	222						
	Purpose of Disbursement																		
	Brokerage fees		Amount of Each Disbursement this						nt this	Peri	iod								
	Candidate Name		Cate				П.						33	6.87	,				
	Office Sought: House Disbursen	ant For:	I,	ype					7			,							
		Primary General																	
		Other (specify)																	
	State: District:	(1) , V																	
	Full Name (Last, First, Middle Initial)					T													
C.								of D	isburse	em	ent								
							M	M	/ D	D	/	Υ	YY	Y					
	Mailing Address																		
	City	State Zip Code				+													
	Only S	orate ZIP Code																	
	Purpose of Disbursement					\dashv													
							Amou	int o	f Each	Di	isbur	semer	nt this	Peri	iod				
	Candidate Name	Cat	ego	ry/			-	-			_	_							
	2//		Т	уре					7			,		-	_				
	Office Sought: House Disbursen																		
		Primary General Other (specify) ▼																	
	State: District:	oner (specify)																	
г	2.0														_				
5	UBTOTAL of Disbursements This Page (optional)				. 🛌		1 .					_	70	1.77					
Ĕ							=	-	7			7			=				
Т	OTAL This Period (last page this line number only)								7				70	1.77					

Use separate schedule(s) for each category of the Detailed Summary Page	SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 11 OF 11										
Transaction ID : SB23.11218 Date of Disbursement Political contribution Candidate Name Senate Office Sought: House Senate Cardidate Name Cardidate Name Candidate Name Candidate Name Candidate Name Candidate Name Senate Disbursement For: Senate Disbursement For: Senate Disbursement For: Candidate Name Candidate Name Senate Disbursement For: Senate Disbursement For: Candidate Name Candidate Name Candidate Name Candidate Name Senate Disbursement For: Senate Disbursement For: Candidate Name Senate Disbursement For: Senate President Senate Disbursement For: Candidate Name Candidate Name Candidate Name Candidate Name Candidate Name Disbursement Disbursement For: Candidate Name Candidate Name Candidate Name Candidate Name Disbursement For: Candidate Name Candidate Name Disbursement For: Candidate Name Candidate Name Candidate Name Disbursement For: Candidate Name Candi				TVO MBETT.									
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC Full Name (Last, First, Middle Initial) CAPITO FOR WEST VIRGINIA Malling Address PO BOX 11519 City City State Purpose of Disbursement Political contribution Candidate Name Senate Purpose of Disbursement Other (specify) Full Name (Last, First, Middle Initial) DEVIN NUNES CAMPAIGN COMMITTEE Malling Address Other (specify) Full Name (Last, First, Middle Initial) DEVIN GERALD NUNES Office Sought: Full Name (Last, First, Middle Initial) DEVIN GERALD NUNES Office Sought: Full Name (Last, First, Middle Initial) DEVIN GERALD NUNES Office Sought: Full Name (Last, First, Middle Initial) DEVIN GERALD NUNES Office Sought: Full Name (Last, First, Middle Initial) DEVIN GERALD NUNES Office Sought: Full Name (Last, First, Middle Initial) DEVIN GERALD NUNES Office Sought: Full Name (Last, First, Middle Initial) DEVIN GERALD NUNES Office Sought: Full Name (Last, First, Middle Initial) Distorts State: Candidate Name Cardidate Name Cardidat			1 ` `										
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC Full Name (Last, First, Middle Initial) CAPITO FOR WEST VIRGINIA Mailing Address PO BOX 11519 City State Zip Code CHARLESTON WV Z5339 Purpose of Disbursement Political contribution Candidate Name State: WV District: 00 City Senate Primary General Primary General Primary General Primary General Primary General State: CA District: 21 Full Name (Last, First, Middle Initial) Sitate: CA District: 21 Full Name (Last, First, Middle Initial) Date of Disbursement this Period Category' Type Date of Disbursement Date of Disbursement Date of Disbursement this Period Category' Type Transaction ID: S823.11220 Amount of Each Disbursement Date of Disbursement Category' Type S000.00 Transaction ID: S823.11220 Amount of Each Disbursement this Period Category' Type S000.00 Date of Disbursement this Period Category' Type General Primary General		Detailed Suffilliary Fage	27	28a 28b 28c 29 30l									
NAME OF COMMITTEE (in Full) AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC Full Name (Last, First, Middle Initial) CAPITO FOR WEST VIRGINIA Mailing Address PO BOX 11519 City State Zip Code WV 25339 Cardidate Name Disbursement Political contribution Calegory/ 1/906 Sheatla Primary General Primary General Political contribution City State: WV District Of Disbursement For: 2014 Mailing Address PO BOX 6545 City State Zip Code CA 93290 Purpose of Disbursement Political contribution Cardidate Name Disbursement Political contribution Cardidate Name DEVIN GERALD NUNES Category/ 1/906 Disbursement Political contribution Cardidate Name DEVIN GERALD NUNES City State Zip Code Cardidate Name DEVIN GERALD NUNES City State Zip Code Primary General Primar													
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